

Early Help Assessment Professional Guidance

What is an Early Help Assessment?

Why complete an Early Help Assessment?

When a concern is raised about a child, it is important that the right support is identified at the first opportunity. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

The purpose of an Early Help Family Assessment ("EHA") is to enable professionals from various agencies, such as teachers, family support workers, setting managers / child minders, health workers and GPs to make an accurate record of the needs of a child, young person or family. They are then able to put together an appropriate action plan. It is important that everyone in the family feels part of the assessment and the action plan and understands why it is being completed. This is because we want to work *with* families, ensuring they are part of the overall process.

- If an agency already has an assessment template in place, it is recommended that they complete the relevant sections from the EHA and incorporate that within their existing form.

Who will the family information be shared with and why?

In order for the right support to be given, it is important that the right people are involved. As the EHA is a consent driven assessment, it is important to clarify who has parental responsibility as it is this person who will sign to give consent for information to be gathered and stored.

For further information on parental responsibility for children and young people, see link - <https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility>.

The professional should explain to families that it is normal to seek information and views from other agencies who may be involved in planning and arranging supportive services for them.

If you are working with a young person and have questions around consent issues see Early Help Assessment Fraser Guidelines, which provides a more detailed overview of protocols.

If one family member does not give consent, you will not be able to contact other agencies on their behalf. All family information must be gathered and stored securely. Responsibility for storing and sharing information should be taken very seriously by the agency completing the assessment.

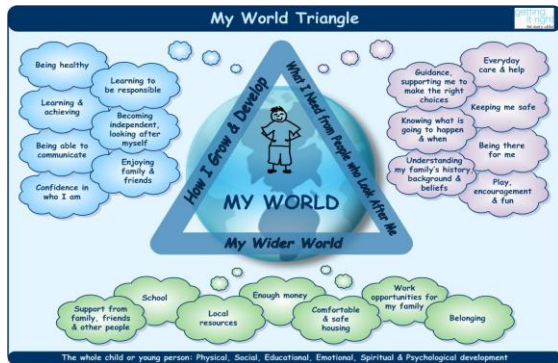
For further details on data information sharing you can visit [Information Sharing: Guidance for practitioners and managers](#).

How will the information be gathered to complete the EHA?

Once consent has been obtained, a variety of methods can be used to gather information, including speaking to other agencies, information supplied by parents/carers, looking at attendance records, medical reports, etc. Observations and professional judgements are also a useful part of the assessment. It is important to keep families fully informed throughout the process on what information is being gathered and how it is being used.

The **My World Triangle** incorporates the Framework for Assessment and will help you to consider a wide range of needs that a child or young person has. It is important to remember that in order for an assessment to be holistic,

each area of the triangle should be considered. They can be discussed in broader terms around health and development, parenting capacity and environmental issues. These can then be further explored, dependent on which area is a cause for concern. Using the *My World Triangle* will ensure that significant information is not missed.



When completing an assessment, it is important that you:

- Consider when and how the child or young person's needs are not being met.
- Identify risk factors which could impact on a child/young person.
- Identify strengths and protective factors which help to reduce risks.
- Analyse the potential long-term effects of unmet needs.

Who should be the Lead Professional/Key Worker?

Ideally the family should identify who is best placed to be the Key worker, i.e. who they have a positive relationship with. This is often the agency that has most involvement with the family. In some instances, it will be necessary for a key worker to change, i.e. they cease involvement with the family, and responsibility for the EHA can then be allocated to a new worker/agency as appropriate.

What if a family is not happy with what has been written about them?

When children, young people and families are experiencing difficulties, it is important that they feel able to discuss their worries with staff who listen and respect their point of view. It is equally important that, as professionals, we are honest with families to ensure the right support is provided to make positive changes. If a family

member is unhappy with anything within the EHA, please ensure they complete the appropriate section of the assessment (on the final page of the EHA) to ensure they have an opportunity to voice their concerns.

If a family member wishes to submit a formal complaint, you should refer them to your internal complaints procedure.

What if I am not working with the whole family?

It is best practice to consider the child/young person's needs in the context of the whole family. If you are working with specific family members, and others have not been included in the assessment, ensure you record the reasons for this on the final page of the assessment.

What if a family disengages?

If a family declines support via an EHA, your agency may choose to continue to support the family without completing the EHA. It is recommended that you record concerns and the support that you offer. If families withdraw or do not consent to an EHA, then the lead professional should make a judgement as to whether without help, the needs of the child will escalate. If so, you should follow your agency's protocols in respect of child protection referrals.

The Action Plan

You should complete the plan in partnership with the family. Often, you will have identified actions before the TAF (Team Around the Family) Meeting takes place and some of these may already have been addressed. It is important to identify the person responsible for each of the actions and ensure realistic timeframes are agreed. Complete the plan in order of priority or where possible by family member. Discuss with the family where they see themselves on a scale of 1 to 10 for each goal/change identified. If the key worker's view is different to the family, this can generate some healthy discussion and will help to ensure that families have a clear understanding of the concerns identified.

Goals should be clearly linked to the area of need identified from the *My World Triangle*. E.g.

Ensure immunisations are brought up to date is linked to 'Being healthy' or learning to budget can be linked to 'enough money'.

The TAF Review (Team Around the Family)

The purpose of the TAF meeting is to develop or review a plan to support positive changes for families.

A separate sheet is provided for recording discussions from the TAFs. This helps families to have oversight of the positive changes they are making, and how they have progressed over time. It is important that all attendees' views at the meeting are recorded, including parents/carers and child/ren. It is also recommended that you review the scores as this will enable you to evidence how much progress has been made. Where possible, the key worker should chair the meeting and other attendees should take responsibility for completing and disseminating TAF minutes.

Each plan will be unique to a particular family, and should be updated at each TAF Review.

Where will the TAF meetings take place?

This will depend on many things; some will take place in the family home, school or children's centre. Location should be family led.

What Happens next?

Once all actions in the plan have been addressed and the case is ready to close, the key worker should update the Early Help Team with date of closure.

On your final meeting with the family, adult and children evaluation forms should be completed. This information will help us understand what was beneficial to families and what was not, but also highlight any after care support that needs to be introduced to ensure positive changes are sustainable.

Step Down

- If all concerns have been addressed then a case can be stepped down and signposted to a universal level service. It is important that when a case is stepped down the family are equipped with the necessary information on what universal services are available to them should they require further or future support.
- A case can also be stepped down to lower level interventions within the Early Help service. For example, if a case is initially assigned to the Tier 3 team but sufficient progress is made, whereby a family no longer requires the intensive intervention this team offers it may be appropriate to step the case down and make a referral to Children's Centres.

Step Up

- If concerns continue or begin to escalate, then professional judgement should be used to assess whether the case needs to be stepped up to Social Care.
- A case can also be stepped up to higher levels of intervention within the Early Help service. For example, if a case is allocated to Targeted Youth but it is found that there are more concerns than initially thought and a family requires a more intensive service, a referral into Tier 3 maybe the next appropriate action.

If in the future further issues arise, a new EHA can be completed.

Data collection/use

The Tracking and Monitoring section of the EHA should be completed by the Key Worker. This information will be analysed and used in the future planning of services.

An Equality and Diversity questionnaire should be completed in addition to the EHA. It is good practice to obtain this information as the data will be used to ensure our services are catering for those who require them. However, please note that completing this form is optional.